EDITORIAL NOTES.

Whether Dr. Fleming's operation for the relief of roaring be successful or not, he must certainly be credited with having given an impetus to laryngeal surgery. From all parts of the country we hear of practitioners trying various methods of operative interference to prevent the noise due to paralysis of the laryngeal muscles. Even when success in this is attained we have not found a *cure* for the disease. Just as neurotomy removes the pain and consequent lameness of navicular disease, so surgical interference with the larynx may remove the noise consequent on paralysis of the muscles, but does not cure the disease.

The work being done may shed some additional light upon the physiology of the larynx, and possibly lead to elucidation of the nature and ultimate cause of roaring.

It is to be hoped that all the operations may be carefully performed, and that unsuccessful as well as successful cases, may be reported for our mutual help and guidance. The value of an operation will be always increased if the amount of roaring existing before interference, be tested in the presence of more than one practitioner, also if the amount and position of tissue removed be minutely described. So far as we know, the operations adopted are comprised in, 1st—removal of the whole passive arytenoid cartilage; 2nd—removal of the free border of the arytenoid; 3rd—excision of the vocal cord and the portion of the arytenoid to which it is attached; 4th—raising and fixing the arytenoid in an extended position. The difficulties are—passage of food and water into the trachea; obstructions by granulations as bulky as the portion of tissue removed; the difficulty of retaining the arytenoid in a permanently extended position.

The position of Veterinary Inspector at Horse-Shows appears to be anything but a bed of roses. Few large shows take place without the disqualification of some animal for unsoundness, and then the disappointed exhibitor rushes into print and visits his anger upon the official who has simply done his duty. The Committee of these shows are generally men of standing and experience, they select their inspectors from amongst our leading men and we have not yet seen any public complaints from them. Until we do so, we are not inclined to give any credit to the grumbling of disappointed exhibitors. The frightful depreciation of stock in this kingdom from hereditary unsoundness makes it imperative that the most stringent precautions should be taken against prizes being obtained by stallions suffering from transmissible defects. This can only be effected by examination in the show yard. Certificates brought with the horses are no security, and if the time allotted for examination be insufficient, or the surroundings unsuitable, it is a matter for the authorities to see to. We do not believe our veterinary inspectors are wanting in skill, and we are certain their honour is above suspicion.

CLINICAL NOTES.

"Careful observation makes a skilful practitioner but his skill dies with him. By recording his observations he adds to the knowledge of his profession, and assists by his facts in building up the solid edifice of Pathological Science."

ECTROPIUM.

By Professor Fred. Smith, M.R.C.V.S.

I am not sure whether eversion of the eyelids is common in India but I can call to mind several cases where it existed in a slight degree hardly noticeable, and as I have lately had two severe cases under treatment, an account of them may not be uninteresting.

Eversion of the eyelids in the horse is produced, in my experience, most frequently by the growth of a scarlet and very vascular tumour from the membrana nictitans, which as it enlarges, not only encroaches on the eyeball, but pushes the lower lid away from the globe and thus allows of the tears flowing over the side of the cheek; the conjunctiva of the lower lid from exposure become hypertrophied, thrown into folds, and loses its naturally sensitive character; the eyeball from insufficient protection may suffer, and a chronic conjunctivitis is kept up. The lids become more thickened, there may be a slightly purulent discharge from them, and the eyelashes get glued together. The appearance of the animal in such an aggravated case as I have described is most pitiable, and to add to his torments the flies worry the life out of him. Slighter cases may exist for years, and never get worse, but they are always affected with a more or less "watery eye." I am speaking from recollection, but believe I observed many cases of Ectropium in aggravated constitutional Bursattee.

The treatment for this affection consists in first, the removal of the cause, this I have always noticed to be the vascular tumour I have just described. Its removal is most simple, a needle armed with a thread may be passed through its substance, and this used to make traction on the growth, which is snipped off at its base with a pair of blunt pointed scissors. Sometimes the tumour is so friable that it will not bear pulling, all it requires is to be steadied with forceps and then taken off.

The growth being removed the eyelid still hangs down, everted, its cartilage is elongated, its conjunctiva hypertrophied. To remedy this condition two distinct operations may be performed; one is to take away sufficient of the hypertrophied conjunctiva so that when its edges cicatrize and contract, the lid may be drawn into its place, and the other is to take out a piece of the eyelid and bring the edges together. The nature of the case determines which operation should be selected—in long standing cases the tarsal cartilage is sure to be elongated, and no amount of removal of conjunctiva will restore it to its proper position, in slight cases and those of short duration the simple removal of the tarsal conjunctiva will be found sufficient.

The removal of the thickened conjunctiva is easily

effected, it is simply pinched up in the forceps and snipped off with a pair of scissors in a direction parallel to the ciliary margin of the lid. The amount to be removed must be calculated by pinching the conjunctiva up in the forceps and judging whether contraction will bring the lid into its place. The place I select to cut out the piece is where the thickened conjunctiva exists in largest amount.

The removal of a piece of the eyelid to remedy Ectropium is done as follows. Pinch up a fold of the lower lid in the forceps, and so estimate the amount to be removed by noticing when the lid comes straight, then, either with scissors or a probe pointed bistury, cut a V shaped piece out of the lid, the apex where the two incisions meet is about three quarters of an inch from the edge of the lid. The best way is, first to make one incision, then put the lids into their normal position and so judge how much superfluous eyelid must be cut off so that when the margins of the wound are together the lid will be straight. After the bleeding has ceased the wound is brought together either with silver wire, the twisted suture, or silk—Cold water dressings are all that are required afterwards.

An aged dun pony was brought to me with very bad ectropium of both lower lids. The appearance presented was very disagreeable, and most unsightly. The hypertrophied conjunctiva extended from the outer to the inner canthus and bulged over the membrane nictitans. I removed nearly the whole of the thickened conjunctiva with the scissors, snipping it off down to the cartilage—cold water dressings, and keeping clean; the lids became reduced in size, the unsightly conjunctiva was no longer seen and the animal presented a more respectable appearance; but the tarsal cartilage had become elongated, and never fitted closely to the eyeball. This was a case for the removal of a portion of the lid.

An aged trooper was shown to me with a vascular tumour growing from the membrane, and bad ectropium of the lower lid. I removed the growth with scissors, took a V shaped piece out of the lower lid and put in a twisted suture. In three or four days the pins were taken out, the wound had healed and the lid was in its proper place. A scar was left, but otherwise it would have been difficult to tell there had been anything the matter with the eye. There is one point to note, to be careful to take away only the exact amount of lid, or conjunctiva, which will remedy the defect—if more is taken the lid will turn in and thus an Entropium, or inversion of the eyelid will be produced.

PARTURIENT APOPLEXY.

By Sydney Villar, M.R.C.V.S., Harrow.

The rareness with which Parturient Apoplexy occurs in the cow so early as the birth of her second calf, prompts me to send you a record of the following case:—

The subject was a fine young shorthorn cow, the property of a London Dairy Company. She had been on the premises since a yearling, and had given birth to her first calf about twelve months ago. She calved for the second time at midnight on 1st of August last, without difficulty—being in a plethoric condition she was immediately given an aperient drink and kept on low diet; notwithstanding, about 8 p.m. on August 3rd, she was observed to have suddenly ceased feeding, and to be "blowing," while the secretion of milk had almost ceased. I saw her at 9.30. p.m. when the earlier symptoms of apoplexy were well marked. A strong cathartic combined with a stimulant was at once given, but with considerable difficulty as she could not swallow well, and it took three men to support her on her legs on account of her staggering condition. Almost immediately after having the drink she went down, a wet swab was applied to her head, and stimulants were given every two hours, she was packed with straw to keep her lying on her sternum and was well covered with horse-cloths.

The characteristic curve in her neck was marked, and at one time she persistently turned her head to her side. After lying about six hours she was observed to be improving, and in two or three hours more she got up, and at once commenced feeding. During the whole of the day she "reeled" somewhat when moved, but she very quickly recovered from the attack.

In a large number of cases of this disease, I have never before known it supervene on an earlier parturition than the third. Its occurence in this case may possibly have been due to the cow's milking capacity, which is extraordinary for so young an animal.

DR. FLEMING'S OPERATION FOR ROARING.

By Wm. Hunter, M.R.C.V.S., Newcastle-on-Tyne.

Having had the good fortune to see Professor F. Smith operate on two horses for roaring, in Mr. Elphick's establishment, during the meeting of the National Veterinary Association, at Newcastle in July, I had a desire to perform the operation, as it appeared important.

On Tuesday, the 7th of August I purchased a very bad roarer, and operated upon him on Thursday morning with the assistance of Mr. Gofton, of North Shields; Mr. Andrew Hunter, and Mr. Finney, student, of Newcastle. After throwing the horse, we chloroformed him in the ordinary manner, with a sponge and thick roller towel held over one nostril, he became quickly insensible. When entirely under the influence of the anæsthetic we turned the horse upon his back, and I commenced the operation by making an incision through the skin from 2 to 2½ inches in length, taking as my guide a straight line drawn across the jaws from the posterior border of one ramus to the other; commencing at the centre of this imaginary line and cutting backwards. I then cut through the cellular tissue covering the muscles; the muscular tissue I did not touch with the knife, but divided it with my fingers right down to the larynx, by doing this we had no hœmorrhage.

Next, I opened the windpipe, the incision extending from the centre of the larynx to the first ring of the trachea. The wound was then held open by two dilators, the left vocal chord seized by a pair of forceps and excised along with a portion of the arytenoid cartilage: this finished the operation which did not occupy more than three minutes. The operation is an extremely simple one, and no man, however nervous and shaky, or old he may be, need be the least afraid of attempting it. The lessons we learnt by operating on this old horse were: that it is not necessary to buy a special set of instruments or an air-excluding chloroform muzzle. All the instruments required, being, two dilators, an ordinary scalpel, and a pair of *lock-forceps*. Whether the operation will be a success remains to be proved. The horse took about 1½ oz. of chloroform, and remained under its influence about half an hour.

The opening made is left as it is and carefully cleaned daily. Some insert an instrument to keep the wound open, and act as a drainage tube until the incision in the larynx closes, but this I have not found necessary and prefer to leave it alone.

The horse is doing remarkably well, the wound is healing rapidly, and he can trot without making any noise whatever, but I shall wait a week or two longer before I test him for roaring in harness.

VETERINARY MEDICAL SOCIETIES.

NATIONAL VETERINARY ASSOCIATION.

THE DISCUSSION

On Professor Frederick Smith's Paper on Some Diseases of the Foot.

Mr. W. Hunter, M.R.C.V.S., opened the discussion. He said the paper was a most important one, and upon a subject that came before them in their every day practice. Mr. Smith advocated many operations, of many of which they were ignorant, and consequently he felt at a loss to discuss some aspects of the paper. About the physiology of the foot, Mr. Smith laid down three axioms:—

1. The foot expands and contracts at the heels every time that weight is imposed upon and removed from it.
2. The Pedal bone descends in the hoof every time the limb comes to the ground, and ascends each time the weight is taken off it.
3. The perforans tendon where it passes under the navicular bone largely assists in supporting the *weight* of the body.

He did not think it had been proved that the foot expanded and contracted at the heels every time weight was put upon or removed from it. As to the second axiom, he believed that expansion depended on the shoe moving on the foot, and not the foot on the shoe. Speaking of pre-disposing causes, he thought one was the irregularity with which horses were treated. Horses sometimes remained in the stables for days or weeks without exercise, and being naturally fresh, great concussion was brought to bear upon the feet. The great exciting cause he took to be concussion. The disease generally occurred in animals mostly used for hack work, and that alone, he thought, pointed very largely to the conclusion that concussion was a great cause. He could not agree with the theory of Mr. Smith, that persistent pressure was largely a cause, because if it were so, he considered that cart horses would be much more liable to the disease than they were. Shoeing was a cause of disease, and the paring of feet was a fruitful cause, exposing the part to bruises and injuries. It was not necessary, he thought, to go into symptoms of navicular disease. But one symptom which had not, he thought—been mentioned by Mr. Smith—should be looked to. If, upon examining a horse, they found one of the fore feet hot and the other cold, or if they found that the animal had very hot or very cold feet, he thought that was a case which should be looked upon with suspicion. The shape of the foot should also be considered. He had operated on many animals with very good results. He had not as a rule, taken care as to all the qualifications mentioned by Mr. Smith, before operating. He had always performed the high operation. They were not, in performing the high operation, liable to have it to do over again, as was the case in the low one. Speaking of laminitis, he said, there was no doubt it was one of the most painful diseases to which horses were liable, and if Mr. Smith, by his operation, had succeeded in relieving the sufferings of animals afflicted by laminitis, he was entitled to rank as one of the greatest benefactors to the horse they had. One of the principal causes of the disease, he thought, was the using of horses for fast work when they were not in condition. Better results had been obtained since the use of stimulants had been adopted. With respect to the mode of making incisions, it struck him that they might be better made with a knife than with a saw. By using a knife, they were better able to see what they were doing, and were also better able to regulate the depth than they were with a saw. With regard to side bones, he could not say much, but the ordinary treatment for such was by no means satisfactory. They all knew they might work very hard, and get no results. He thought Mr. Smith's operation was the likeliest and best means of relieving pain. His opinion was that the operation should not be undertaken until the side bone was moderately-well developed. He trusted the results hoped for and held out by Mr. Smith, would be fully realised. Both operations were good ones, and certainly would be of benefit to animals and their owners alike. (Applause.)

Mr. M. Gavin said, nothing interfered so much with the value of a horse as defective limbs. If a horse's limbs were useless, then the animal itself was useless. He believed a great cause of navicular disease was idleness and standing in stalls. They should be put into loose boxes and not overfed. In that case, they would not get navicular disease; on the other hand, if they put a horse into a stall, tied

him up, fed him improperly, and did not give bim sufficient exercise, that horse, whether he was of high action or no action, would very often contract navicular disease. He did not regard concussion as a great cause of disease. He advocated neurotomy, and, speaking of high and low operations, said he had had no experience in the lower. He had always adopted the higher. He had heard people say it was just as long to perform the operation without as with anæsthetics; others said it was cruelty to animals and a disgrace to the profession to operate without an anæsthetic. Several practitioners knew that there was no more frequent cause of laminitis than overfeeding from certain material, especially wheat. They knew the tendency animals had to steal wheat whenever they could. There was a great variety of treatment with reference both to lameness and disease. It was a question whether in the case of laminitis they should give purgatives or not. In cases of overfeeding on certain kinds of grain, he believed there was nothing like a good purgative, and he had experienced no bad results from giving purgatives. He was in favour of putting animals upon a soft bed, and if they could walk at all, they could go on without shoes, or anything else which meant that a cure could be effected. He had done this in the cases of animals who could scarcely stand from great pain, and the method had always been attended with good results. If they gave the animal a little exercise, they relieved the pressure by that exercise on the soft bed, so that the animal sank into it. That wet manure was the best treatment for laminitis. There was all the difference between being called in at the early stage and the later stage of the disease. Acute laminitis was undoubtedly caused by the animals standing in the stable, getting overfed, and not getting enough exercise. His treatment in these cases was a broad shoe with lowered heels, plenty of exercise, putting the animal to stand in cold water, and blistering. He had never tried Mr. Smith's operation, but as regarded side bone, he believed Mr. Smith's operation to be a great advance. He believed Mr. Smith had brought forward something that had done a great amount of good, and hoped it would be adopted. (Applause.)

Mr. Rutherford said, he was somewhat at issue with the writer on the question of expansion and contraction of the feet. Whatever the actual position of the foot was, the moment it came to the ground, or immediately afterwards, before the hoof was removed from the ground, the contractile movement took place. He quite agreed with the fact that navicular disease was largely hereditary, his reason for so thinking was that the disease was principally met with in certain classes, and largely in horses in Western Europe. It did not exist in certain breeds of horses either in India or in Australia, unless it had been introduced since he was there. There were other diseases, however, quite as troublesome, including disease of the pedal bone. But as far as navicular disease was concerned, it was almost unknown the further east they got. In the operation of neurotomy, he never met with anyone who had had the slightest difficulty in making out the nerve. Mr. Smith, in his paper dealing with the question of laminitis, referred as a result of swelling, to suppuration of the laminæ, and said, that the weight of the horse, with the mechanical factors, caused the toe of the pedal bone to descend, and disorganisation to occur. And further, he stated, that he had been puzzled to account for the peculiar arrangement of laminitic rings on the hoof and so on. In his earlier days that used to puzzle him also. He could not see how the pedal bone was to be displaced—fixed firmly as it was by tendons peculiar to it, but he had been able to account for it satisfactorily to his own mind. Effusion took place largely at the anterior part of the foot between the hoof wall and the pedal bone. Once that took place effectually, they had the fact of a moveable body on the bone, a body capable of rocking and displacing itself. If they would think for a moment and make a diagram in their minds, they would note that if the animal attempted to move, there was a leverage on the bone, and effusion took place. The result was that the pedal bone was brought forcibly in contact with the sole. That had been forced upon him in another country where there was sunstroke and sickly heat, laminitis being almost the sequel under such conditions. With regard to the side bone operation, he, like all of them, had been dissatisfied with the treatment up to the present time, although there had been good operations performed. Shortly after Mr. Smith's paper appeared, his (the speaker's) brother, who had the honour to be Mr. Smith's junior at Aldershot, came to him and said he wanted horses to operate upon for side bone. The operation was performed and there was no doubt as to its immense value. The only thing that he thought necessary to bring it to a very successful operation, was to throw a good deal of the weight of the animal on the frog, so as to have a tendency to the expansion on the wall, otherwise, the operation was liable to fail. He had got relief and actual cures where there had been a good frog. He used a saw, somewhat different from that of the writer, and he made no parallel grooves. A steady hand, and the first incision was followed by all the others. He was guided by the sense of touch whether he was on hard or soft structure, and he knew when it was time to stop. The last time he performed the operation was on Thursday morning. He concluded by describing the operation. (Applause.)

Mr. Wm. Hunting said, when they remembered that probably from 70 to 75 per cent. of injuries to horses were to the feet, they would acknowledge that Mr. Smith's paper was one of the most important that could have been brought before them. Although he was not at all prepared to lay down as a rule that correct principles should precede correct practice, yet, he thought it was just as well, if they based an operation on a theory, that that theory should be correct. He differed from Mr. Smith in one or two instances as to his physiology. The writer said, that the foot expanded or contracted every time the weight was put on and taken off. It did nothing of the sort. The hoof did not contain contractile property. If he said it simply

fell in like an indiarubber bag, he had to say it did not even do that. He did not know that there was any expansion of the foot. It measured the same whether the weight was on or off. If they had a lateral motion they would have the shoe even more marked at the heels when fitted closely, than loosely, for the whole thing would be in contact, and they would have a constant motion. If the shoe did not touch it must be an up and down motion. They were told by Mr. Smith, that the pedal bone descended every time the limb came down, and ascended every time the weight was taken off it. He considered that that was a purely gratuitous assumption without one fact to support it. Against that assumption he had to say that the laminæ of the horse's foot were inelastic, and did not allow of an up and down motion in the hoof. Mr. Smith also thought that the peforans, where it passed under the navicular bone, largely assisted in supporting the weight of the body; well, all he had to say to that was, that if it were so, nature was a very bad mechanician. Referring to some calculations, furnished by the writer, he said he did not wish to characterise them, because Mr. Smith was a friend of his. (Laughter). He thought Mr. Smith had hit upon one important point of the pathology of navicular disease—that the disease was due to something wrong with the circulatory system. They were unfortunately not in a position to diagnose all those cases, and indeed, he got very much puzzled himself frequently. (Applause).

Professor Walley said, he was one of those who believed in a certain amount of expansion in the foot. There was a great deal went on in the foot if they examined it, and what he had seen was pretty good proof that expansion did take place. Mr. Smith had referred to physiological congestion as a cause of navicular disease. He believed the cause in the vast majority of cases was the congestion of the vessels in the interior portion, not so much from compression but from the peculiar position of the bone, and brought about further by the treatment to which feet were subjected. One fact that Mr. Smith had overlooked was rheumatism. A vast number of cases of what was called navicular disease, were neither more nor less than cases of rheumatism. He did not for a moment believe that concussion had anything to do with navicular disease. A horse setting its foot unconsciously on a stone would bring on navicular disease, producing extravasation of the blood in the horn. He advocated hot water, physic, and keeping the animal affected at rest. He did not think there was any operation performed by Veterinary Surgeons of such vast value as setoning the frog. He admired anæsthetics and bore testimony to their value, such as cocaine. As to laminitis, he sometimes put the animals on soft places, or in a loose box, "swimming" the box and putting them in that. By doing so, he got just as good results. If they got hold of an animal in the first stage of disease, a stimulating medicine was very good, but afterwards he could not see how it could be of service. In the earlier stages of disease, he could not call it laminitis; it did not develope into that until after three or four days—it was simply congestion, Referring to Mr. Smith's operation, he said he would never bleed at the toe because he always got suppuration. He had not as yet performed any operation for side-bone.

Mr. Hunter congratulated Mr. Smith upon the originality of his paper. He agreed with his first but not with his second axiom. With respect to the third axiom, there was some weight on the tendons and navicular bone, but it was not so great as Mr. Smith supposed. Mr. Smith said, navicular disease was due to pressure and standing in stalls. Well, that was quite new to him. His idea was that it was due to fast and irregular work, because if it were due to pressure they would have it in heavy horses as well as in light horses. Certainly, the way stables were built now-a-days, did not tend to the comfort of horses, they all sloped from the front to behind; whereas if they noticed a horse standing in a field, they would see that it stood on level ground, or with its head down a hill. As to the operation of neurotomy for the disease, he would like to know if any gentlemen operated in a standing position, he had heard that they did so, and with ease. For himself, he laid the animal down, and experienced no difficulty. The nerve was generally uppermost and it was not difficult to find. He advocated giving a slight dose of physic, perfect rest, no exercise, and medicine.

Mr. Edgar believed, in nine cases out of ten, concussion was the main cause of navicular disease. In regard to neurotomy, he would ask gentlemen, before they performed the operation, to try Urquhart's pads, from which he had obtained great relief in many cases.

Professor Penberthy thought the writer of the paper had not laid sufficient stress upon hereditary influence. The matter should be studied from an evolutionary point of view, and inherited weakness might have a direct bearing on selection of sires and dams. As regarded the high operation, his experience was absolutely opposed to that of Mr. Smith.

Mr. Hughes stated that several cases of disease from over-feeding and standing in idleness had come under his notice.

The President said, Mr. Robinson wished him to state that he had adopted the operation recommended by Mr. Smith, and recommended its adoption amongst veterinary surgeons. He (the President) thought, with Mr. Smith, that the low operation was more preferable than the high one. He denied that setoning the frog was cruelty. Was it not possible, he asked, that some cases of laminitis were due to indigestion. Was it not a fact that indigested food caused inflammation, and germs to penetrate into the mucous membrane? He prescribed a dose of physic. (Applause.)

The Conference then adjourned, and upon resuming:—

Mr. Smith, in replying on the discussion, thought he was justified in saying, and many would support him, that the perforans tendons did support the weight of the animal, and that the compression theory was a

reality. As to operations, he performed the low one; at one time, he performed the high, but he believed the low one met their requirements. (Applause.)

The PRESIDENT proposed a hearty vote of thanks to Mr. Smith for his paper. Professor Walley seconded, and the motion having been unanimously carried, Mr. Smith briefly returned thanks.

MIDLAND COUNTIES VETERINARY ASSOCIATION.

A Quarterly Meeting of this association was held on Friday, August 17th, at the "Bell Hotel," Derby. Mr. J. M. Parker took the chair in the absence (through indisposition) of Mr. R. C. Trigger, President of the association. There were present:—Captain Russell, Professor Pritchard, Messrs. Aitken, Greaves, H. Olver, W. Carless, Rossell, Malcolm, (Hon. Sec.) Coe, J. Jones, Hodgkinson, Wragg, Barling, Wartnaby, Barnes, J. G. Burchall, H. Stanley, and Mr. Briggs, of Bury.

Letters of apology were received from Sir H. Simpson, Professors Walley and Williams, Messrs. Taylor, Tailby, Over, Carless.

The Minutes of the last meeting were read and confirmed. The Secretary said, he had received a letter informing him that the President was unable to be present through a severe attack of illness. Captain Russell moved, that a telegram of sympathy be forwarded to the President, expressing the hope that he would soon be convalescent. This proposal was at once acted upon, and before the termination of the meeting, a reply was received from Mr. Trigger, returning his thanks, saying he was slowly improving, and hoping the meeting would be a pleasant and instructive one.

Mr. George Wartnaby and Mr. T. Duckworth were elected members of the association.

The Secretary then read a letter which the President had sent to the members of Parliament in the district embraced by the association. It stated, that Sir Frederick Fitzwygram, M.P., had, in conversation with the Chancellor of the Exchequer, obtained a promise to give Veterinary Surgeons in actual practice, the same exemption from payment of the horse tax as it is proposed, under the Excise Duties' Bill, to give to clergymen and medical men, if an amendment to that effect were approved of by the House. It then solicited the support of all the local members when Sir Frederick's amendment came before the House.

CAPTAIN RUSSELL moved a resolution, expressing the satisfaction with which they had heard of Sir Frederick Fitzwygram's action and tendering him the thanks of the meeting. He took it that no one in the room could afford to keep a horse for mere pleasure, and he held both in his capacity as a magistrate and as a veterinary surgeon, that an active practitioner should be exempt from the tax.

MR. OLVER said, he had communicated with three or four members of Parliament and secured their support for the Hon. Baronet's resolution. He claimed exemption as being a branch of the medical profession. He thoroughly agreed with Captain Russell's resolution, and would be happy to second it, so that the hands of Sir Frederick Fitzwygram might be strengthened.

The motion was passed, and a copy ordered to be forwarded to Sir Frederick.

OPERATION FOR ROARING.

CAPTAIN RUSSELL gave a short account of an operation performed by Mr. Fred Smith, at Newcastle-upon-Tyne, upon two horses with the view of curing them of roaring. Mr. Jones said. he had performed operations on a dozen horses, but there was not a sufficient lapse of time yet to say whether they would be successful. All the operations he had performed by introducing his own tracheotomy tube into the trachea, the tube itself being in diameter fifteen-sixteenths of an inch inside, had been most successful.

PROFESSOR PRITCHARD said, the object of Dr. Fleming was undoubtedly to relieve a roaring horse, but confessed his inability to understand how this operation would bring about the desired result. If he had correctly gathered the theory expressed at the First Avenue Hotel a few nights previously, the operation would most unmistakeably fail. The theory he held—and it would take a great deal to disabuse his mind of it—was that the vocal chord had nothing to do with roaring, and until he was satisfied that it could be brought into a relaxed condition he should have very strong doubts that the operation would succeed. He thought it was a mistake to attempt to remove the arytenoid cartilage, because by doing so, they were rendering the animal liable to choke.

MR. JONES. I consider the tissue white fibrous in the vocal chord.

Professor PRITCHARD. If it were white fibrous tissue you would have no voice, or sound. It is upon that the voice depends, and upon the control of the muscles over the chordæ vocalis our great singers are enabled to produce high and low notes.

CAPTAIN RUSSELL. I am compelled to agree with Professor Pritchard for I have rendered my unfortunate animal dumb by removing both vocal chords.

MR. GREAVES advocated for the operation a fair trial before condemning it. Hitherto roaring had never been cured.

The discussion then terminated.

MR. WM. HUNTING then read a paper

ON SURGICAL SHOEING.

After some general remarks on shoeing and the necessity of practical acquaintance with the art, the essayist said he proposed to consider his subject in two divisions:—First, as adopted for certain conditions of the leg. Second, as adopted for conditions in the foot. He next referred to the practice in some towns of applying high-heeled shoes to horses lame from any cause, upon the theory, he presumed, that such a shoe assisted to rest the leg. He considered such a practice purely empirical and oftentimes injurious, any alteration of a shoe from the level should only be adopted with a definite object and a distinct understanding of its effect. He then

proceeded to consider some of the various effects upon the limb we might wish to obtain, as follows:

TO EXTEND OR FLEX SOME JOINTS.

This indication looks a little vague, and the question naturally arises, what joints? In answer I submit that it is nearly impossible to alter the relative proportions between the back and front of a horse's foot without affecting the limb above. When any raising or lowering of the heel, any shortening or lengthening of toe does affect the leg, it must directly affect every joint up to the knee and hock, and any limitation or excess of movement in these two large joints must indirectly affect every other joint of the leg.

Practically, the fetlock and knee, or fetlock and hock are the joints which we attempt to re-act on by altering the form of the shoe.

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In cases of Sprained Tendon or Ligament, our object is just the opposite. We wish to limit extension of the bones upon each other and therefore we alter our shoe so as to prevent over-extension. We raise the heels of the shoe and thus relax the ligaments and tendons. In cases of Spavin, it is said that a good effect follows the use of a high-heeled shoe, and it seems feasible, because the raising of the heel must prevent over-extension of the joint when the foot is on the ground during progression. In this case, however, we have one disadvantage in that, a spavined horse always wears hard on the toe, and we all know that the higher the heels of a shoe the more quickly the toe is worn. This disadvantage is met by another alteration of the shoe, viz:—turning up the toe out of wear, or as it is commonly called, rolling the toe. This is rendered most effective, when the toe of the hoof is first rather over-reduced and the shoe fitted to it with a curved adjusture.

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reality. As to operations, he performed the low one; at one time, he performed the high, but he believed the low one met their requirements. (Applause.)

The PRESIDENT proposed a hearty vote of thanks to Mr. Smith for his paper. Professor Walley seconded, and the motion having been unanimously carried, Mr. Smith briefly returned thanks.

MIDLAND COUNTIES VETERINARY ASSOCIATION.

A Quarterly Meeting of this association was held on Friday, August 17th, at the "Bell Hotel," Derby. Mr. J. M. Parker took the chair in the absence (through indisposition) of Mr. R. C. Trigger, President of the association. There were present:—Captain Russell, Professor Pritchard, Messrs. Aitken, Greaves, H. Olver, W. Carless, Rossell, Malcolm, (Hon. Sec.) Coe, J. Jones, Hodgkinson, Wragg, Barling, Wartnaby, Barnes, J. G. Burchall, H. Stanley, and Mr. Briggs, of Bury.

Letters of apology were received from Sir H. Simpson, Professors Walley and Williams, Messrs. Taylor, Tailby, Over, Carless.

The Minutes of the last meeting were read and confirmed. The Secretary said, he had received a letter informing him that the President was unable to be present through a severe attack of illness. Captain Russell moved, that a telegram of sympathy be forwarded to the President, expressing the hope that he would soon be convalescent. This proposal was at once acted upon, and before the termination of the meeting, a reply was received from Mr. Trigger, returning his thanks, saying he was slowly improving, and hoping the meeting would be a pleasant and instructive one.

Mr. George Wartnaby and Mr. T. Duckworth were elected members of the association.

The Secretary then read a letter which the President had sent to the members of Parliament in the district embraced by the association. It stated, that Sir Frederick Fitzwygram, M.P., had, in conversation with the Chancellor of the Exchequer, obtained a promise to give Veterinary Surgeons in actual practice, the same exemption from payment of the horse tax as it is proposed, under the Excise Duties' Bill, to give to clergymen and medical men, if an amendment to that effect were approved of by the House. It then solicited the support of all the local members when Sir Frederick's amendment came before the House.

CAPTAIN RUSSELL moved a resolution, expressing the satisfaction with which they had heard of Sir Frederick Fitzwygram's action and tendering him the thanks of the meeting. He took it that no one in the room could afford to keep a horse for mere pleasure, and he held both in his capacity as a magistrate and as a veterinary surgeon, that an active practitioner should be exempt from the tax.

MR. OLVER said, he had communicated with three or four members of Parliament and secured their support for the Hon. Baronet's resolution. He claimed exemption as being a branch of the medical profession. He thoroughly agreed with Captain Russell's resolution, and would be happy to second it, so that the hands of Sir Frederick Fitzwygram might be strengthened.

The motion was passed, and a copy ordered to be forwarded to Sir Frederick.

OPERATION FOR ROARING.

CAPTAIN RUSSELL gave a short account of an operation performed by Mr. Fred Smith, at Newcastle-upon-Tyne, upon two horses with the view of curing them of roaring. Mr. Jones said. he had performed operations on a dozen horses, but there was not a sufficient lapse of time yet to say whether they would be successful. All the operations he had performed by introducing his own tracheotomy tube into the trachea, the tube itself being in diameter fifteen-sixteenths of an inch inside, had been most successful.

PROFESSOR PRITCHARD said, the object of Dr. Fleming was undoubtedly to relieve a roaring horse, but confessed his inability to understand how this operation would bring about the desired result. If he had correctly gathered the theory expressed at the First Avenue Hotel a few nights previously, the operation would most unmistakeably fail. The theory he held—and it would take a great deal to disabuse his mind of it—was that the vocal chord had nothing to do with roaring, and until he was satisfied that it could be brought into a relaxed condition he should have very strong doubts that the operation would succeed. He thought it was a mistake to attempt to remove the arytenoid cartilage, because by doing so, they were rendering the animal liable to choke.

MR. JONES. I consider the tissue white fibrous in the vocal chord.

Professor PRITCHARD. If it were white fibrous tissue you would have no voice, or sound. It is upon that the voice depends, and upon the control of the muscles over the chordæ vocalis our great singers are enabled to produce high and low notes.

CAPTAIN RUSSELL. I am compelled to agree with Professor Pritchard for I have rendered my unfortunate animal dumb by removing both vocal chords.

Mr. GREAVES advocated for the operation a fair trial before condemning it. Hitherto roaring had never been cured.

The discussion then terminated.

MR. WM. HUNTING then read a paper

ON SURGICAL SHOEING.

After some general remarks on shoeing and the necessity of practical acquaintance with the art, the essayist said he proposed to consider his subject in two divisions:—First, as adopted for certain conditions of the leg. Second, as adopted for conditions in the foot. He next referred to the practice in some towns of applying high-heeled shoes to horses lame from any cause, upon the theory, he presumed, that such a shoe assisted to rest the leg. He considered such a practice purely empirical and oftentimes injurious, any alteration of a shoe from the level should only be adopted with a definite object and a distinct understanding of its effect. He then

proceeded to consider some of the various effects upon the limb we might wish to obtain, as follows:

TO EXTEND OR FLEX SOME JOINTS.

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gradually if the repeated pressure of the shoe were the only exciting cause.

I am not much a believer in shortening the heels of a shoe to relieve a capped elbow, unless the heel be excessively long. I find even the heel of the foot will cause irritation and I trust to a thick circular pad around the pastern.

TO PREVENT INJURY OR ANNOYANCE WHILST MOVING.

Under this head I include all the alterations of shoes adopted to prevent "clacking," "over-reaching," "cutting" and "speedy-cutting."

I never knew the blow of a hind shoe against the fore, which gives rise to that most irritating sound called "clacking" to do any harm to the horse. It is seldom produced by an old horse, or one in condition. Tired horses, green horses, and especially those with a rolling "slomicky" gait do it. I fancy too that the driver and the bit are sometimes to blame. The front shoe is struck on the inner circumference of the toe by the toe of the hind shoe. This can only be done when the fore-foot is in such a position that the clip is pointing to the ground and the shoe presenting its wearing surface at right angles to the ground. The alteration required is to make the front shoe concave on the ground surface, and to fit the hind shoe with its toe well back. In some cases the horn at the toe of the hind foot may be left projecting in front of the shoe. I always advise too that the hind shoes be level—no calkins.

Over-reaching only occurs at the gallop, and in my experience never if the hind shoe be rounded on its inner circumference. Such a shoe is easily made in a "cress" or any shoe may be altered to the desired form by cutting away the iron of the inner circumference at the toe by means of a fuller and then filing it up.

Speedy-cutting occurs at the trot but seldom unless a horse is overpaced. Its prevention is more a matter of condition in the horse than an injury due to shoeing. No alteration of shoe will stop a horse from "dishing" but even animals with the most defective action will cease to "speedy cut" when they get into hard condition. I have found the use of a three-quarter shoe to be accompanied by no return of the injury.

Cutting. The most common injury to the legs for which we are called upon to alter the shoe is decidely "cutting." All farriers and nearly all veterinary surgeons fancy they are specially gifted in devising plans to cure this evil. That the injury is done with the inside toe of the opposite foot is certain. At first sight then it seems logical to say, "cut away the inside toe of that foot—both shoe and hoof—and the injury will cease." Unfortunately, it is common to see a horse, in which this has been done to the greatest extreme, still hitting the fetlock with the remains of the opposite hoof. We may safely say then, that cutting is not merely due to a prominent shoe or a prominent hoof. It is not seen more in big footed than small footed horses, It is not even dependent on the weight of shoe, and we all have seen horses at daily work with coarse, full-fitted shoes that never "cut." Every young horse "cuts" when first put to work; horses that are weak or tired cut. Long-legged horses are more liable to cut than short-legged ones.

Half-a-dozen different farriers, have half-a-dozen different ways of stopping "cutting" and all can produce instances of success after one or more of their neighbours have failed to stop it. Did any man ever see a horse in good hard condition that had been at work a year "cut" his legs unless under some exceptional circumstances, such as an extra long journey, which gives rise to leg weariness, or a change of climate, which often produces lassitude. I do not expect to gain much support for my opinion, but I ask you to discuss it thoroughly and logically; it is this:—that horses only "cut" when from illness, weakness, want of condition, or other circumstances they are unable to perfectly control the action of their limbs—that shoeing has nothing whatever to do with it—that the fact of a horse ceasing to cut after a change of shoes is simply a coincidence—that the statement that "some horses require one sort of alteration and some another, depending upon their action" is a gratuitous assumption, and directly opposed to our daily experience.

TO PREVENT CONCUSSION,

Horses do sometimes jar their limbs even to the extent of splitting a bone or spraining a muscle or ligament, but these accidents are always the result of a false step, i.e., of a movement of the leg over which from some cause the regular co-ordination has become interrupted, When a horse makes a slip on some smooth surface, he loses control of his action, and weight is applied to some structure—bone, muscle, or ligament—which at the time is in a position or condition unprepared for it. The consequence is injury. When a horse that has been some days in the stable, comes out with more excitement and courage than sense, he is liable to jar some structure because his movements are not deliberate and controlled. Again, when a horse puts his foot on a surface differing in level from that surrounding it, he suffers from concussion. Those of us who have walked over an unnoticed step, or who coming down a stair, fancy they have reached the bottom when there is one more step, know quite well how concussion occurs, when the muscles of the leg and the position of the bones are not adapted to the level upon which the foot must rest.

All concussion of the limb that I know of is dependent upon the position of the bones and the action of the muscles. It cannot possibly be affected by the form of shoe or by anything applied to the foot, unless it be something which does harm by altering the proper relative position of the foot to the leg.

IN RELATION TO THE FOOT.

Surgical shoeing in relation to the foot is a subject for a volume, but as my object is not to be exhaustive but only suggestive, I enter upon it with strong hopes that I shall not be wearisome.

Having just referred to concussion as it affects the leg of the horse, it may be convenient at once to say what I think about this cause of injury as it affects the foot.

The popular idea of concussion—that it is the inevitable result of "the 'ammer, 'ammer, 'ammer on the 'ard, 'igh road," is not mine. I do not believe that hardness, *per se*, is an objectionable quality in roads. I do not believe that a soft road is any better than a hard one for a healthy horse's foot, and I am sure it is much worse for his muscles. I may be told that horses wear out more rapidly when worked on hard roads and that their feet are the first parts to show the result of work. I do not dispute the fact at all. I merely deny that it is due to the quality of road. I say it is the excessive work and bad shoeing to which they are subject that destroys them—that wears out fifty per cent. of horses before they reach maturity, and shortens the working life of all horses by three or four years.

Nature has provided in the foot and leg against all direct concussion. The foot has its hard tough wall and sole as its chief protection, then its elastic horny frog and the soft frog-pad; with the lateral cartilages and the obliquity of the pastern to still further guard against concussion. So long as these maintain their integrity there is no jar. When, however, some disease or injury happens, then the foot is easily jarred. No part of the body suffers more acutely from any change of a painful nature, and therefore it is often necessary to guard against concussion when no very definite signs of disease are visible, but when the change of action indicates to the scientific observer that pain exists. I have no doubt whatever, that the foot of the horse suffers all the little disturbances that affect the human nail, as well as the greater changes that even a novice cannot overlook. The milder degrees of pain accompanying the slighter changes are made evident by no sign, except defective action, and that varies in degree from "not going as free as usual" to "going decidedly short." Such is my explanation of what are called cases due to concussion. Not until disease exists does concussion apply. To prevent it we can do nothing which is not superfluous in a sound foot, but to modify it we may use india rubber pads, or the steel-spring shoe on feet already injured. There are a number of definite conditions affecting the foot in which surgical shoeing is demanded, and I think only two principles are concerned in all—we either have to protect a part by covering it up, or relieve it from pressure by preventing contact with the shoe.

PROTECTION BY THE SHOE

is only necessary when the horny covering of a part is removed. When the sole has been punctured and horn has been removed to allow examination and treatment of the wound, then protection is necessary and none is better than tow and tar retained by splints. In cases where it may not be necessary to occasionally remove the covering from the part, then leather attached with the shoe is best. Under no circumstances that I know of is it necessary to make the shoe wide, simply as a protection. Width as expressed by "plenty of cover" in a shoe is at no time necessary or expedient.

"Convex soles" are liable to injury by rough stones and may require protection. This is best afforded by a leather sole but as soon as sufficient thickness of horn has been allowed to grow, I think a shoe is more easily and exactly fitted without any leather. In these cases I do not believe in the protection afforded by a wide-webbed shoe; it is necessary to make the shoe of sufficient thickness to prevent direct contact between the sole and ground at each step, and a very narrow shoe, though it will do this, is not easily fitted or holed for nails. A medium width of shoe is best, and it must be carefully seated, so as not to cause any uneven pressure on the sole. It must also have a good bearing surface so that weight, through the wall, rests evenly upon it. Very often we see shoes, for such feet, seated from the outer edge to the inner, so that the foot surface of the shoe presents an incline downwards to the centre—exactly like a saucer. Now a shoe of this kind is an unmitigated evil, as the weight of the horse forces the foot down this incline and pressure, or perhaps I should say, compression, of the whole foot is the consequence.

RELIEF OF PRESSURE.

When some limited portion of the hoof is diseased or injured it is requisite to remove it from pressure by the shoe. In ordinary cases of broken hoof we have the simplest condition of this kind. As the result of a lost shoe we may have the horn at the quarters or toe broken away, so that any pressure on the part causes pain. The indication is to utilise those parts of the hoof that are soundest, and place upon them the extra bearing. In most cases I find that the heels are least injured, and if they will allow a stroke or two of the rasp, their bearing surface is lengthened and thus weight most judiciously distributed.

"SEEDY TOE"

requires no pressure on the affected part.

After a shoe is properly fitted—not attached—it will be easily seen what parts of the wall are to be eased. I make a practice of then cutting away about a third of an inch of the lower edge of the wall, so that a considerable space is left between the shoe and it. As the hoof grows it will be found that this space soon becomes less and in a few weeks has disappeared. This is proof of a peculiar physiological fact, viz., that any portion of wall not having the same bearing as another grows faster and consequently the time soon arrives, when it takes a bearing on the shoe. This explains why it is not at all uncommon to have lameness recur if the removal of shoes be too long postponed. In "seedy-toe," in fact in all conditions where the front part of the foot is tender, it is necessary to avoid raising the heels, as this throws weight forward and may cause lameness. In such cases then, avoid calkins.

"SAND CRACK"

When at the toe requires that the wall should not be in contact with the shoe on either side of the crack for at least an inch. We must, also, not put a clip over it, but we should have one at each side (not too close). We also remove the calkins of shoes

and lower the heels. When the crack is at the quarter I have seen care taken not to have any bearing of the horn behind it, upon the shoe. I think this is opposed to all reason. We know that the wall of the heels is sufficiently yielding to bend downwards when the weight of the horse is placed upon it. If you leave a space between the heel and the shoe for an inch and a half—a space into which you can place a small penholder—you will find that contact with the ground results in the horn being pressed down until it touches the shoe. Now if we have a crack in the quarters, every such movement tends to drag it open. The indication, to my mind, is to so fit a shoe as to prevent this up and down motion, to take a level bearing from toe to heel, but, before nailing the shoe on, to rasp away the lower edge of the wall at the sand-crack and for an inch each side of it.

Corns are simply bruises to the angle of the sensitive sole, caused by the heel of the shoe. By repeated bruising we have exostoses on the extreme angle of the coffin bone, and hypertrophy of the soft tissues covering it. This condition is very easily irritated, and hence the saying "once a corn always a corn." It is not true. If a corn be at first properly treated and time allowed, there is no liability to its recurrence. A good shoe for a corn is a three-quarter shoe. By it pressure is absolutely removed, and even the worst farrier can effect the alteration. Why it should be considered expedient to cut away the horn of a horse's foot when a little staining at the heel is found I do not know. We ought to be able, in most cases, to diagnose the existence of suppuration without seeing it. Of course if matter exist it is right to allow it to escape, but half the corns, even when lameness exists, have not reached the stage of suppuration and if the pressure be relieved never will. Cutting away all the horn at the heel, as is done by explorers for corns, leaves the wall without its proper internal support. The horny wall requisite for bearing becomes a narrow ridge, and when weight is placed upon it, is forced either inwards or outwards—either movement causing pain and injuring the already inflamed structures within.

CONTRACTED FEET.

The surgical shoeing necessary for contracted feet is simply negative. You can do a lot of good by letting them alone. By using tips, the hoof is protected from wear, and the back parts of the foot allowed free play. The extra bearing on the heels and frogs increases their functional activity and promotes their developement.

Some care is requisite in using tips not to destroy the proper relative proportions of the foot. If retained too long, the toe grows excessively long and harm results. Tips, like shoes, should never be allowed to remain on horse's feet over a month. Quite as much harm may be done by allowing a horse's foot to become dis-proportionate from overgrowth as by too-frequent changes of shoes and ignorant removal of horn.

It has been attempted to mechanically force the expansion of a horse's foot by so fitting the shoe that the heels rested upon an inclined plane; not by the "saucer" shoe I referred to, but by a shoe exactly the opposite—the bearing surface being inclined outwards. This shoe certainly forced the heels apart and—it lamed the horse. In horse-shoeing, as in other matters, main strength and stupidity are bad substitutes for patience and brains.

THE DISCUSSION.

Mr. Greaves said the paper did not lack practical intelligence, it was brimful of common sense. On some points he did not agree with Mr. Hunting, this remark applied to the assertion that cutting was not due to shoeing. He could show Mr. Hunting numbers of horses that cut badly with one sort of shoe, and never cut at all with another sort. His experience had forced upon him the conviction that there was a good deal in shoeing. He had a number of horses at work in Manchester with patten shoes, in nearly every case they were horses with contracted tendons. And he had known a horse stand still and refuse to move when the shoe broke. Certain circumstances required one to be shod with thick toes and thin heels, and others with thin toes and thick heels. He urged the importance of preparing the foot in the process of shoeing, and leaving nature to pare the soles. Horses now soon recovered from pricking, from the fact that smooth clean nails were used.

Professor Pritchard paid a high compliment to the essayist on the quality of his paper. He fully agreed with Mr. Hunting's view, that it was not necessary for a V.S. to have a shoeing forge. In many cases if a V.S. could do without one, if he would take his advice he would never have one. He went on to speak of the value of a practical knowledge of the art of shoeing, which afforded an insight impossible to obtain otherwise. Although he agreed with a great portion of what Mr. Hunting had said, he disagreed with reference to capped elbows, it was impossible, he believed, to produce it by contact with the ground. He had taken a great deal of interest in this subject, and had come to the conclusion that either the inner heel of the shoe, or the hard horn at that part of the foot was the cause in a very large proportion if not in all cases of capped elbows. That capped elbow might be increased by coming in contact with the ground he would agree, but in the first instance it was produced by an injury from the inner portion of the heel. He believed that some horses in whatever condition they were, would cut their legs. He had a mare who would cut unless shod in the way he had laid down to the shoeing smith. There was another mode of cutting he would call "over reach," which the essayist had not mentioned. That was cutting the elbows with the toe of the shoe. He had seen cases where horses would go better in shoes with what he might call a good deal of cover, than without it. In cases of laminitis he could fancy a broad shoe might be used with advantage. He was of opinion, however that exercise and the broad shoe was most likely to be of real use if the disease were not in an advanced stage Replying to Mr. Greaves he knew of one instance where the pedal bone was restored to it original position, and he had seen cases where the toe and the pedal bone had descended considerably, and been got back to nearly its original position, but the descent had not

resulted from laminitis. Mr. Greaves said he had always held strongly to the opinion that when a coffin had once descended it could not regain its position, but when he had been shown a horse which was sound, after suffering from laminitis, and in which he was assured the coffin bone had been seen through the sole, he changed his mind. In his own experience he had never seen a perfect recovery.

Mr. Olver said, he could call to mind cases where irrespective of condition, horses cut with one class of shoe, and not with another. He could not agree with the essayist, that only in cases of disease did concussion apply, and in support of this view he mentioned the case of a hunter of his own, which, after a high jump, had become lame, and would never, he feared, be sound again, simply he believed, from concussion. He thoroughly condemned the practice of using corkins, and toe pieces.

Mr. Stanley advocated the use of indiarubber pads where necessary, and expressed the belief that quite half the horses had to be specially shod against cutting, and would continue to cut, no matter what their condition, unless so shod.

Captain Russell gave instances of stallions that had been perfectly cured of laminitis, and thought that if the foot was got at before the bastard horn was set, it might be rendered sound. He was not so sure if it got into a chronic hard condition that any good could be done with it. In canker he had found benefit from a flat shoe fitted with a moveable iron plate. He used a rivet for sand crack in preference to any other method. He believed a good deal of cutting was caused by the early breaking-in of horses.

Mr. Carless said, his experience went to show that cutting was often caused by the faulty adaptation of the first shoe, and it was most difficult to stop after it had begun. Shoeing with high heels he held to be most objectionable.

Mr. Briggs observed, that in his opinion, weight in a shoe was of some value—they prevented concussion. He instanced the Irish shoes, and said, horses brought over from Ireland with heavy clumsy shoes, never went so well after they had been shod in England. Cutting, he believed, was due sometimes to shoeing. He deprecated the use in towns of leathers, which interferred with the firm fixing of the shoes, although he agreed that leather might be a protection on country roads.

Mr. Hunting briefly replied, he regarded it as somewhat satisfactory to find he was not so singular as he fancied. He thought he differed very considerably from many, both with regard to healthy and surgical shoeing, but he found there was exceedingly little real difference between them. On the subject of cutting he purposely put it as strongly as possible with the view of evoking discussion. It seemed to be generally acknowledged that condition had a great deal to do with cutting. There was no special principle whereby they stopped a horse from cutting. Twenty years ago the veterinary profession had no knowledge of shoeing, now, he was happy to say, it was otherwise, to the advantage both of the owner and the horses themselves.

On the motion of Professor Pritchard, seconded by Mr. Greaves, hearty thanks were accorded to Mr. Hunting for his paper.

The next meeting was fixed to be held at Worcester.

The Chairman was cordially thanked for his services, and the company adjourned to dinner.

BOOKS, etc. RECEIVED.

The Principles and Practice of Shoeing, by C. W. Gregory, M.R.C.V.S., Bristol—Mr. Gregory has succeeded in compressing the principles and practice of horse-shoeing into twenty pages. We cannot say we like either our mental or bodily food too condensed, but those men who prefer conciseness to demonstration, and are satisfied with clear, forcible statements of fact will be pleased with this essay. The author is undoubtedly a master of his art and anyone following his practice cannot but be successful. It is not a book for veterinary students—for them it is necessary that the principles of shoeing should be treated much more minutely. It is a book for the owner of a forge or the owner of a horse—for men who are content to accept the guidance of an expert—without wading through the anatomical and mechanical facts which have enabled him to form his opinions and test their truth by long experience.

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Communications for the Editor to be addressed 20 Fulham Road, S.W.

Original articles and reports should be written on one side only of the paper, and authenticated by the names and addresses of the writers, not necessarily for publication.

We shall be obliged by early intelligence of all matters worth bringing under the notice of the profession, and thankful to any friends who may send us cuttings from local papers, containing facts of interest.

VETERINARY ETHICS.

Sir,

A note signed "H. D." in your issue of 4th August, contains some strong remarks in reference to a young member of our profession being engaged in training horses. I would very much like to learn in what portion of Her Majesty's dominions this youth resides, as it is just within the bounds of possibility some sufficient reason could be assigned for such acts as he is condemned for performing. It will be admitted on all sides, doubtless, that members of our profession should do their utmost, to uphold its respectability, and not do that which may be looked at as unprofessional, but when we look around us and see the vast competition which now exists in almost every quarter, we should hesitate to denounce such an act as that complained of by your correspondent. I read an advertisement this day of a school in Scotland which has provision for 250 *students*. Prodigious! Where will this end? If the young delinquent (?) resides this side of the water, I may be able to explain much, which to members knowing nothing of this country, may be as well for them to learn. I shall wait anxiously for the information sought, and this is one proof that a weekly "Record" is of service to us provincials.

Limerick. Yours faithfully, R. H. DYER.

TETANUS.

Sir,

If all your readers are as far ahead of me as Mr. John Stephens, my little article on Tetanus has done no good beyond exposing my own ignorance.

I would draw the attention of Mr. Stephens to the fact, that it was only a brief record of a case of Idiopathic Tetanus, the peculiarity of which, to me, was its occurrence in such a young animal. It is to be regretted, that all who

have read my article are, like myself, without "the slightest notion as to the origin or cause of the attack." Even after this sweeping assertion, I am still of the same opinion which I expressed, viz:—that it was due to the digestive organs being unable to assimilate the herbage partaken of, combined with exposure to extremes of temperature. Is there a qualified veterinary surgeon who does not know that if the animal system is not in a healthy state it is more susceptible to climatic influences? Hard as he is on me, I think Mr. Stephens need not have been so unfair to himself as to assume I administered large doses of medicine (which were given without causing excitement) otherwise than as an electuary, because it shows he has read me carelessly. It is pleasant however, to be able to agree with him in his belief in the impossibility of "recovery when the drugs have to be administered by force."

I do not question the extent of Mr. Stephens' experience of Tetanus, for in his district, judging from his letter, it would appear to be so prevalent, that the thought strikes one, whether it would not be advisable for him to apply to the Privy Council to have it classed amongst the Contagious Diseases of Animals, in order that his clients might receive some compensation.

He enquires of me "why thousands of other foals in the United Kingdom were not affected by the weather last June." In reply to which I may say, that whatever the month of June may have been in Cornwall, in Berkshire it alternated in such extremes of temperature, that both plants and animals were severely affected by the atmospheric changes, so that what is absurd in Cornwall is a matter of fact here.

H. KIDD, F.R.C.V.S.

THE BOARD OF EXAMINERS.

Sir,

In your issue of last week, in the report of the July meeting of the Council of the R.C.V.S., Dr. Fleming is reported to have said in reply to Professor Walley that "he was perfectly sure no Chairman of the Examining Board would exclude any person without consulting his colleagues, and therefore it should be left to the Chairman to decide how long the exclusion should last."

Will you kindly allow me sufficient space to say, that Dr. Fleming is sadly deceived if he is under the impression that he has the power to exclude a teacher from the room while his students are being examined. It is true that in May last when I entered the examination hall, Dr. Fleming informed me, through the medium of the Secretary, that he objected to my presence. His exact words, whispered in my ear, were—"Dr. Fleming bids me say that he objects," to which I promptly replied—"Tell Dr. Fleming that I don't care in the least whether he objects or not." I may add that I attended on all the subsequent days of the examination when my own students were being examined.

Referring to this same matter at the Council Meeting, Prof. Pritchard is reported to have said that it had been considered and agreed to by the whole Board, and Dr. Fleming's remarks above-quoted appear to convey the same statement. That must be a mis-report, for, at least six members of the Examining Board expressed to me disapproval of Dr. Fleming's action, and one of them stated his intention to resign if it were repeated. There is every reason to believe that it will not be repeated, but should it be, I shall know how to meet it.

Yours, &c.,

J. McFADYEAN.

Edinburgh, 27th August, 1888.

SOUNDNESS OF HORSES.

Dear Sir

The subject of "Soundness" has been a burning one for many years in the veterinary profession.

The profession are now interesting themselves with one important side of the question, viz., *Hereditary Soundness* and I am afraid they will find that even more difficult to deal with; however, the more impediments there are to arriving at correct and sound conclusions, the harder should we work to surmount them. I see the North of England Veterinary Medical Association is going to discuss the subject, and I trust they will furnish you with a *full* report of the debate for publication. I would suggest that the other local societies follow suit and discuss this all important subject at their next meetings, in this way giving their combined assistance to the Council of the R.C.V.S., who have undertaken to solve the vexed problem.

I would, however, respectfully ask whether it is the office of our representatives forming the Council of the R.C.V.S. to take up such matters as this? We are constantly hearing of it being illegal and against the Charters or Bye-laws to do this and that, which many of us really consider they ought to do, so perhaps it will not be out of place for us to ask by what Charter or Bye-law they have consented to undertake this work? However, as they have done so, I think we ought to give them all the assistance we can. At any rate if the various Societies will undertake to discuss hereditary unsoundness, and you, Sir, will publish their seperate reports fully and correctly, those who have undertaken this onerous and responsible duty will be able to take advantage of it, if they like.

In conclusion, Sir, I would like to appeal to the various societies also to discuss the subject of "Soundness" in all its details from a practitioner's point of view, and give their reports in the same way through the journals, for reports from such bodies will materially assist me to prepare my paper for the next meeting of the National Veterinary Association which is to be held in London under the presidency of Professor Pritchard, in 1889. Moreover I shall be pleased to receive any remarks and hints on the subject that your readers may think fit to send me.

I am, Sir, yours faithfully, Geo. A. Banham.

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